SUNNY HILL HEALTH CARE CENTER 4325 NAKOMA ROAD

4323 NAKOMA KOAD				
MADISON 53711	Phone: (608) 271-7321		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and St	affed (12/31/03):	63	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity	(12/31/03):	70	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31	/03:	54	Average Daily Census:	53
Number of Residents on 12/31	./03:	54	Average Daily Census:	53

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	용		24.1 27.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.6	More Than 4 Years	16.7
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	7.4 33.3	•	68.5
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		************************************	
Congregate Meals	No	Cancer	1.9	İ		Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over		(12/31/03)	
Transportation	No					RNs	9.1
Referral Service Other Services	No No			Gender 	% 	1	11.6
Provide Day Programming for	Mo	Other Medical Conditions		Male		Aides, & Orderlies	46.1
Mentally Ill Provide Day Programming for	No	 	100.0	Female	75.9 	 	
Developmentally Disabled	No		++++++		100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care		1	Managed Care	l 		
Level of Care	No.	o _l o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	양	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	303	24	96.0	124	0	0.0	0	18	100.0	149	0	0.0	0	5	100.0	196	53	98.1
Intermediate				1	4.0	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		25	100.0		0	0.0		18	100.0		0	0.0		5	100.0		54	100.0

County: Dane Facility ID: 8540 Page 2 SUNNY HILL HEALTH CARE CENTER

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period					% Needing		 Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.6	Bathing	0.0		44.4	55.6	54
Other Nursing Homes	4.7	Dressing	0.0		72.2	27.8	54
Acute Care Hospitals	92.9	Transferring	1.9		85.2	13.0	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		79.6	20.4	54
Rehabilitation Hospitals	0.0	Eating	64.8		35.2	0.0	54
Other Locations	0.0	******	******	*****	*****	******	*****
Total Number of Admissions	127	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	7.4	Receiving Resp	iratory Care	20.4
Private Home/No Home Health	12.0	Occ/Freq. Incontiner	nt of Bladder	48.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	49.6	Occ/Freq. Incontiner	nt of Bowel	31.5	Receiving Suct	ioning	0.0
Other Nursing Homes	8.8				Receiving Osto	my Care	0.0
Acute Care Hospitals	8.8	Mobility			Receiving Tube	Feeding	3.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.7	Receiving Mech	anically Altered Diet	s 42.6
Rehabilitation Hospitals	0.0						
Other Locations	8.0	Skin Care			Other Resident C	haracteristics	
Deaths	12.8	With Pressure Sores		5.6	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		9.3	Medications		
(Including Deaths)	125				Receiving Psyc	hoactive Drugs	68.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership: Proprietary		Bed	Size:	Lic	ensure:					
	This			50	-99	Ski	lled	Al	1			
	Facility	Peer	Peer Group		Peer Group		Peer Group		lities			
	8	% Ratio % Ratio % Rat			% Ratio		1		Ratio	양	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	75.2	86.2	0.87	87.1	0.86	88.1	0.85	87.4	0.86			
Current Residents from In-County	90.7	78.5	1.16	81.0	1.12	82.1	1.11	76.7	1.18			
Admissions from In-County, Still Residing	20.5	17.5	1.17	19.8	1.04	20.1	1.02	19.6	1.04			
Admissions/Average Daily Census	239.6	195.4	1.23	158.0	1.52	155.7	1.54	141.3	1.70			
Discharges/Average Daily Census	235.8	193.0	1.22	157.4	1.50	155.1	1.52	142.5	1.66			
Discharges To Private Residence/Average Daily Census	145.3	87.0	1.67	74.2	1.96	68.7	2.12	61.6	2.36			
Residents Receiving Skilled Care	98.1	94.4	1.04	94.6	1.04	94.0	1.04	88.1	1.11			
		92.3	1.04				1.04		1.08			
Residents Aged 65 and Older	94.4			94.7	1.00	92.0		87.8				
Title 19 (Medicaid) Funded Residents	46.3	60.6	0.76	57.2	0.81	61.7	0.75	65.9	0.70			
Private Pay Funded Residents	33.3	20.9	1.59	28.5	1.17	23.7	1.41	21.0	1.59			
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00			
Mentally Ill Residents	13.0	28.7	0.45	33.8	0.38	35.8	0.36	33.6	0.39			
General Medical Service Residents	48.1	24.5	1.97	21.6	2.23	23.1	2.08	20.6	2.34			
Impaired ADL (Mean)	55.6	49.1	1.13	48.5	1.15	49.5	1.12	49.4	1.12			
Psychological Problems	68.5	54.2	1.26	57.1	1.20	58.2	1.18	57.4	1.19			
Nursing Care Required (Mean)	10.2	6.8	1.50	6.7	1.52	6.9	1.47	7.3	1.39			